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NIXON & VANDERHYE, PC 1100 N GLEBE ROAD 8TH FLOOR ARLINGTON, VA 22201-4714 11/03/2004 NHGUYEN2 00000215 10087998			O 2 2004	I hereby certify that States Postal Service addressed to the Ma transmitted to the US	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below.  (Depositor's na	
01 FC:1501 02 FC:1504	1370.00 OP 300.00 OP		MAUEN			(Signat
03 FC:8001  APPLICATION NO.	12.00 OP	· · · · · · · · · · · · · · · · · · ·	510 C 51 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	FILING DATE	FIRST NAMED INV			ATTORNEY DOCKET NO.	CONFIRMATION NO.
•	10/087,998 03/05/2002		Yoshihiro Izumi		1035-368	4450
TITLE OF INVENTION: UNEVEN PATTERN SENSING DEVICE						
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	МО	\$1330		\$300	\$1630	11/12/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	7	
NGUYEN, VINCENT Q		2858		324-686000	_	
<ol> <li>Change of correspondence address or indication of "Fee Addres CFR 1.363).</li> <li>□ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cus Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINT.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Sharp Kabushiki Kaisha  Osaka, Japan						
Please check the appropriate assignee category or categories (will not be printed on the patent);						
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☐ Issue Fee ☐ A check in the amount of the fee(s) is enclosed.						
				y credit card. Form PTO-2038		
Deposit Account Number 4-1140 (enclose an extra copy of this form).						
5. Change in Entity Status	from status indicated above ALL ENTITY status. See 3	•	□ b. Applica	nt is not claiming SMALL EN	TITY status. See, e.g., 37 CF	R 1.27(g)(2).
The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco (Authorized Signature)	iblication Fee (if required) w	vill not be accented	from anyone	y) or to re-apply any previous other than the applicant; a reg	ly paid issue fee to the applica gistered attorney or agent; or the	ation identified above. he assignee or other part
Joseph A. Rhod 37,515 11-2-2004						
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